MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 16/565,793 applicant(s)

FILING DATE 01-25-06

DEP.

CLAIMS

	AS F	FILED		AFTER 1"AMENDMENT		TER ENDMENT			AS FILED			AFTER		AFTI 2 MAMEND	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1	—	IND.	DEP.	IND.			_	
1	 		1	+		122	51		Nv.	DEL.	IND.	UET.	IND.	4	
2			1	 			52				 	+		+	
3				1			53			 	f	 /		+	
4					7		54			 	 	+		+	
5	\Box '						55	5				 	 	+	
6	 '	<u> </u>	<u></u>				56						/	+	
7	 '	<u> </u>	 '				57							+	
8	 '	 /	 '	 		<u> </u>	58							t	
9			1'	+	/	 /	59							T	
10 11			 '	 			60				'			I	
11 12	 		/ '	+		 	61			 /	/ '			T	
13	 			 		 	62			——I	/	1	<u> </u>	Ţ	
14	 		\vdash	+++			63					1	/ '	1	
15	 		 	 	 		65				/		 '	\bot	
16	1	<u></u>	 	1-1	-		66						 '	+	
17			 	1	1	<i></i>	67							+	
18				(i)	1		68		-		/			+	
19							69			,				+	
20							70			,	1		,———	+	
21						,	71	1				<i></i>	,——	+	
22							72								
23	<u> </u>						73	\Box							
24					<u></u>		74	1							
25							75								
26				<i></i>			76							Ĺ	
27 28			<i>-</i>				77							4	
28				<i></i>	,——		78 79		$\overline{}$				———	4	
30	-		,		,——		80	+	-					 	
31	,———		,——				81	+-	-+					<u></u>	
32	,		,				82	+				-			
33							83	<u> </u>						i	
34							84	1_	\Box		$-\Box$			<u>, — </u>	
35							85							_	
36	\longrightarrow						86	\mathbf{I}_{-}	\Box					_	
37	——						87	1_	$\overline{}$					_	
							88	<u> </u>		-+					
<u> 39-</u>							89	—	\longrightarrow				- :		
40	$\overline{}$						90	-							
41 42							91	+-	+				\longrightarrow		
43			-			——	92	+-							
44			-				93	+-	-	-		-			
45		-		-			95	+-	-+		\rightarrow	-	\longrightarrow	-	
46							96	+-	—		-			_	
47							97	+	-		$\overline{}$			_	
48	T						98	1-						_	
49			$\overline{1}$				99	1						_	
50				\Box	$ \perp$		100	1						_	
AL IND.		#	2	#		#	TOTAL IN	D.		#		#			
AL DEP		-	22	4 .	4	(-	TOTAL DE	.P.	4	(m	4	-		1	
TAL	7		24				TOTAL CLAIMS				17		II		
NDMS		_	~ ,	A STATE OF			Chrim		R	A					

PTO - 1369 (REV. 11/94)